



# State of New Hampshire

## 2016 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2016

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed  
Date Filed: 03/29/2016  
Business ID: 225953  
William M. Gardner  
Secretary of State

GDTRFB, L.L.C.

46 W Webster St  
Manchester, NH 03104

### ADDRESS OF PRINCIPAL OFFICE:

46 W WEBSTER ST  
MANCHESTER, NH 03104

### REGISTERED AGENT AND OFFICE:

ARA TAMZARIAN  
46 WEST WEBSTER ST  
MANCHESTER, NH 03104

ENTITY TYPE: LLC

BUSINESS ID: 225953

STATE OF DOMICILE: NEW HAMPSHIRE

ACQUIRING PCHSING INVESTING DEVELOPING MARKETING &  
SELLING REAL ESTATE IN NH@

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address \_\_\_\_\_
- ☐ The new principal office address \_\_\_\_\_

PO Box is acceptable.

### MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME ARA TAMZARIAN  
STREET 46 W. WEBSTER ST.  
CITY/STATE/ZIP MANCHESTER NH 03104

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

### MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: \_\_\_\_\_

Please print name and title of signer: \_\_\_\_\_

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_

WHEN THIS FORM  
PUBLIC DOCUMENT  
REQUIRED INFORMATION



T1608952014

WILL BECOME A  
PUBLIC DISCLOSURE  
IF NOT REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE  
RETURN COMPLETED REPORT AND PAYMENT TO:

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